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APPLICANTS

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** CONTINUING DATA ***** *Checked*
 This application is a CON of 09/687,815 10/13/2000 PAT 6,817,508
NC

** FOREIGN APPLICATIONS ***** *None*
NC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NC</i>	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS
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TITLE
 Surgical stapling device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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